

Westminster Health & Wellbeing Board

Date:	18 th September
Classification:	Public
Title:	Pharmaceutical Needs Assessment
Report of:	Pharmaceutical Needs Assessment Task and Finish Group
Wards Involved:	All
Policy Context:	Health and Wellbeing Boards are required to publish a new Pharmaceutical Needs Assessment for the area by 1 st April 2015, following a 60 day statutory consultation on a draft Pharmaceutical Needs Assessment
Financial Summary:	N/A
Report Author and Contact Details:	Holly Manktelow, Senior Policy and Strategy Officer, hmanktelow@westminster.gov.uk Colin Brodie, Public Health Knowledge Manager, cbrodie@westminster.gov.uk

1. Executive Summary

- 1.1 This report sets out the progress being made by the Pharmaceutical Needs Assessment Task and Finish Group (TFG) to prepare a new Pharmaceutical Needs Assessment for the Westminster Health and Wellbeing Board by 1st April 2015.

2. Key Matters for the Board's Consideration

- 2.1 The Westminster Health and Wellbeing Board are asked to:
- a.) Note the progress in preparing the draft Pharmaceutical Needs Assessment for publication (as outlined in Appendix A); and
 - b.) Agree that the Pharmaceutical Needs Assessment TFG should commence with the 60 day statutory consultation once the draft Pharmaceutical Needs Assessment is ready. A statutory consultation plan is attached at Appendix B.

3. Background

- 3.1 Pharmaceutical Needs Assessments are a statement of the need for pharmaceutical services of the population in a defined geographical area.
- 3.2 Pharmaceutical Needs Assessments are used primarily by NHS England to inform market entry decisions, in response to applications from businesses, including independent owners and large pharmacy companies. A Pharmaceutical Needs Assessment may also be used by commissioners to make decisions on which funded services need to be provided by local community pharmacies.
- 3.3 The responsibility for producing and managing the content and update of Pharmaceutical Needs Assessments transferred from Primary Care Trusts to Health and Wellbeing Boards on 1st April 2013. All Health and Wellbeing Boards are required to publish a fully revised Pharmaceutical Needs Assessment by 1st April 2015.
- 3.4 Health and Wellbeing Boards are required by law to consult a specified list of bodies at least once during the process of developing the Pharmaceutical Needs Assessment. These bodies are:
- The Local Pharmaceutical Committee;
 - The Local Medical Committee;
 - Any persons on pharmaceutical lists and any dispensing doctors;
 - Any Local Pharmaceutical Services chemist in the area with whom the NHS Commissioning Boards has made arrangements from the provision of any local pharmaceutical services;
 - Any local Healthwatch or any other patient, consumer and community group which (in the opinion of the Health and Wellbeing Board) has an interest;
 - Any NHS Trust or Foundation Trust
 - The NHS Commissioning Board (NHS England); and
 - Any neighbouring Health and Wellbeing Boards
- 3.5 There is a minimum period of 60 days for consultation.
- 3.6 The Pharmaceutical Needs Assessment TFG have nearly completed a draft Pharmaceutical Needs Assessment for Westminster. This has required the collection and analysis of data from a variety of sources including local pharmacies.

4. Considerations

Pharmacy response rate

- 4.1 In Westminster, the response rate from local pharmacies was around 75%. All efforts were made to maximise this response rate, including through joint work with the Local Pharmaceutical Committee. However, the response rate was lower than expected. This most likely reflects the change of responsibilities for Pharmaceutical Needs Assessments from primary care trusts to Health and Wellbeing Boards which have less of a profile and relationship with the local pharmaceutical sector. The Task and Finish Group have contacted NHS England to request advice from them as to whether this response rate is adequate.

Slippage

- 5.3 The Task and Finish Group will be ready to begin the consultation on the draft Pharmaceutical Needs Assessment in October. This is a slight delay to the original timescales agreed by the Westminster Health and Wellbeing Board in March 2014 which expected the assessment to be ready for consultation in September.
- 5.4 This delay has been caused by difficulty in obtaining all the relevant data needed to complete the Pharmaceutical Needs Assessment to the timescales set out by the Task and Finish Group. The Task and Finish Group are still awaiting one set of data from partners. This data is comparison data on prescribing and dispensing trends to London and England. This data has been requested from North West London Commissioning Support Unit.
- 5.5 If this data is received in the next fortnight, this will not represent a significant deviation from the original timetable.

Consultation

- 3.8 As set out above, a 60 day statutory consultation must be undertaken with a list of statutory consulted. Appendix B provides an overview of the consultation plan for the Pharmaceutical Needs Assessment for the Westminster Health and Wellbeing Board to review.
- 3.9 The Pharmaceutical Needs Assessment is a technical and factual document, which provides a statement of pharmaceutical need in the area (following strict regulatory guidelines) for use by NHS England. It is not a description of policy or intent, or a document which sets out any changes to pharmaceutical services in the area.
- 3.10 The Pharmaceutical Needs Assessment is unlikely to be of interest to the wider public and the cost of a public consultation would be disproportionate to the response. Therefore, the Task and Finish Group do not recommend undertaking a full consultation with members of the public. However, consultation will be undertaken with patient and consumer groups to ensure that the user's perspective is referenced where appropriate within the Pharmaceutical Needs

Assessment. The draft Pharmaceutical Needs Assessment will also be available on-line (with a hard copy on request) for members of the public who may have a particular interest. This approach is in-line with the regulations and guidance.

4. Legal Implications

- 4.1 Health and Wellbeing Boards are required to publish and maintain a Pharmaceutical Needs Assessment by virtue of section 128A of the National Health Service Act 2006 (pharmaceutical needs assessments) and the Health and Social Care Act 2012.

5. Financial Implications

- 5.1 The statutory consultation plan attached at Appendix B can be implemented within current resource levels.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

Holly Manktelow, Senior Policy and Strategy Officer,
hmanktelow@westminster.gov.uk

Colin Brodie, Public Health Knowledge Manager,
cbrodie@westminster.gov.uk

APPENDICES:

A: Draft Pharmaceutical Needs Assessment outline

B: Draft Pharmaceutical Needs Assessment statutory consultation plan

BACKGROUND PAPERS:

City of Westminster's Pharmaceutical Needs Assessment

<http://www.jsna.info/document/pharmaceutical-needs-assessment-0>

Appendix A

Westminster Pharmaceutical Needs Assessment outline and progress update

Chapter	Description	Current state	Any further data required?	If yes, source
1 - Background	PNA definition and purpose, policy background, methodology (defining localities, demographic sources, needs), consultation process	Almost complete – compilation of previous PNA and DH PNA guidelines		
2 - Demographic & Health Needs	Mostly data and content based on the JSNA, including maps	Almost complete – Public Health Analysts completing data		
3 - Location of current health services	Maps with data from the pharmacy survey	Base map created. Awaiting list of neighbouring pharmacies to complete	List of pharmacies from neighbouring boroughs.	Requested from NHS England
4 - Prescribing and dispensing trends	Maps and graphs of prescribing within the borough	Data received from NWL CSU (ePACT) – ready for mapping	Comparison data to London/England	Requested from NWL CSU
5 - Access to pharmaceutical services	Pharmacy choice within each ward, opening hours, languages spoken	Ready for mapping	List of pharmacies from neighbouring boroughs.	Requested from NHS England
6 - Premises characteristics	Features such as private consultation rooms, handwashing, wheelchair access etc	Ready for mapping		
7 - Relationships, opportunities and skills	Relationships with GPs, LA, NHS – from survey	Ready for mapping and graphs		

8 - Services provided by pharmacies	Categorisation of services: necessary services: current provision, necessary services: gaps in provision, Other relevant services: current provision, Improvements or better access: gaps in provision	Text to be updated	Categorisation of services – currently assuming this has not changed since previous PNA	
Appendix A - Needs mapping: existing enhanced services	Table with list of pharmacies which provide enhanced services Maps and tables comparing need and current supply of services deemed necessary	Ready for mapping		
Appendix B - Needs mapping: potential new services	Maps and tables of services considered to secure improvement or better access	Ready for mapping		

Westminster Health and Wellbeing Board Pharmaceutical Need Assessment Statutory Consultation Plan

Holly Manktelow
Senior Policy and Strategy Officer
20th August 2014

Revision History

Date of this revision: 30th August 2014

Date of next revision: 22nd September 2014

Revision Date	Previous revision date	Summary of Changes	Changes marked
20 th August 2014	First version	First versions	First Version
30 th August 2014	20 th August 2014	Reflect comments from Chair HWB and the PNA TFG	No

1. Objectives of the consultation

The high-level objective of the Westminster Pharmaceutical Needs Assessment (PNA) statutory consultation is to ensure that statutory consultees are provided with a 60 day period between October 2014 and January 2014 in which to consider the draft PNA for Westminster and provide their views to the PNA Task and Finish Group. The list of statutory consultees are:

- The Local Pharmaceutical Committee;
- The Local Medical Committee;
- Any persons on pharmaceutical lists and any dispensing doctors;
- Any Local Pharmaceutical Services chemist in the area with whom the NHSE has made arrangements for the provision of any local pharmaceutical services;
- Any local Healthwatch or any other patient, consumer and community group which (in the opinion of the Health and Wellbeing Board) has an interest;
- Any NHS Trust or Foundation Trust
- The NHS Commissioning Board (NHS England); and
- Any neighbouring Health and Wellbeing Boards

2. Key Audiences

Audience	Approach	Responsibility
Local Pharmaceutical Committee	<ul style="list-style-type: none"> § Letter and Email (on behalf of the Health and Wellbeing Board) § LPC are represented on the PNA Task and Finish Group 	HWB Chair PNA Task and Finish Group
Local Medical Committee	<ul style="list-style-type: none"> § Letter and Email (on behalf of the Health and Wellbeing Board) § Offer of a meeting if required 	HWB Chair PNA Task and Finish Group
Individual Pharmacies	<ul style="list-style-type: none"> § Email and link to the online PNA § Support from the Local Pharmaceutical Committee if required (through their membership on the PNA Task and Finish Group) 	PNA Task and Finish Group
Dispensing GPs (None)	<ul style="list-style-type: none"> § Email and link to the online PNA § Work with WLCCG to put out information through their channels of communication with GPs 	PNA Task and Finish Group CLCCG/WLCCG
Healthwatch	<ul style="list-style-type: none"> § Letter and Email sent to the Chair and support team § Offer to attend meetings or public events if required 	HWB Chair PNA Task and Finish Group
WLCCG and CLCCG user panels	<ul style="list-style-type: none"> § Information provided to the user panel through WLCCG channels § Offer to attend meetings if required 	PNA Task and Finish Group
Other patient or consumer group	<ul style="list-style-type: none"> § Healthwatch to support the provision of information 	Healthwatch

	to their organisation or institutional members	
Westminster Community Network	<ul style="list-style-type: none"> § Letter and Email sent to the Chair § Offer to attend meetings or public events if required 	<p>HWB Chair</p> <p>PNA Task and Finish Group</p>
One Westminster	<ul style="list-style-type: none"> § Letter and Email sent to the Chief Executive and Chair § Offer to attend meetings or public events if required 	<p>HWB Chair</p> <p>PNA Task and Finish Group</p>
Chelsea and Westminster NHS Trust	<ul style="list-style-type: none"> § Letter and Email sent to the Chief Executive and Chair, and communications team § Offer to attend meetings if required § Request that the information is shared with the trusts patient user groups 	<p>HWB Chair</p> <p>PNA Task and Finish Group</p>
Imperial NHS Trust	<ul style="list-style-type: none"> § Letter and Email sent to the Chief Executive and Chair, and communications team § Offer to attend meetings if required § Request that the information is shared with the trusts patient user groups 	<p>HWB Chair</p> <p>PNA Task and Finish Group</p>
University College London Hospitals	<ul style="list-style-type: none"> § Letter and Email sent to the Chief Executive and Chair, and communications team § Offer to attend meetings if required § Request that the information is shared with the trusts patient user groups 	<p>HWB Chair</p> <p>PNA Task and Finish Group</p>
Guy's and St Thomas' NHS Foundation Trust	<ul style="list-style-type: none"> § Letter and Email sent to the Chief Executive and Chair, and communications team § Offer to attend meetings if required § Request that the information is shared with the trusts patient user groups 	<p>HWB Chair</p> <p>PNA Task and Finish Group</p>
Royal Free Hospital	<ul style="list-style-type: none"> § Letter and Email sent to the Chief Executive and Chair, and communications team § Offer to attend meetings if required § Request that the information is shared with the trusts patient user groups 	<p>HWB Chair</p> <p>PNA Task and Finish Group</p>
Central London Community Healthcare	<ul style="list-style-type: none"> § Letter and Email sent to the Chief Executive and Chair, and communications team § Offer to attend meetings if required § Request that the information is shared with the trusts patient user groups 	<p>HWB Chair</p> <p>PNA Task and Finish Group</p>

Central North West London NHS Trust	<ul style="list-style-type: none"> § Letter and Email sent to the Chief Executive and Chair, and communications team § Offer to attend meetings if required § Request that the information is shared with the trusts patient user groups 	<p>HWB Chair</p> <p>PNA Task and Finish Group</p>
City of London Health and Wellbeing Board	<ul style="list-style-type: none"> § Letter and Email sent to the Chair and support team 	Chair of the Health and Wellbeing Board
Southwark Health and Wellbeing Board	<ul style="list-style-type: none"> § Letter and Email sent to the Chair and support team 	Chair of the Health and Wellbeing Board
Lambeth Health and Wellbeing Board	<ul style="list-style-type: none"> § Letter and Email sent to the Chair and support team 	Chair of the Health and Wellbeing Board
Wandsworth Health and Wellbeing Board	<ul style="list-style-type: none"> § Letter and Email sent to the Chair and support team 	Chair of the Health and Wellbeing Board
Camden Health and Wellbeing Board	<ul style="list-style-type: none"> § Letter and Email sent to the Chair and support team 	Chair of the Health and Wellbeing Board
Brent Health and Wellbeing Board	<ul style="list-style-type: none"> § Letter and Email sent to the Chair and support team 	Chair of the Health and Wellbeing Board
RBKC Health and Wellbeing Boards	<ul style="list-style-type: none"> § Email sent to the Chair and support team (Shared support team RBKC, LBHF and Westminster HWBs) 	Chair of the Health and Wellbeing Board
NHS England	<ul style="list-style-type: none"> § Letter and Email sent to NHS England London Region 	Chair of the Health and Wellbeing Board
Relevant Scrutiny Committee (not required by legislation but good practice)	<ul style="list-style-type: none"> § Letter and Email sent to the Chair and support team 	Chair of the Health and Wellbeing Board

4. Communicators	
Communicator	Responsibilities
Westminster Health and Wellbeing Board	All communications to statutory consultees will be delivered in the name of the RBKC Health and Wellbeing Board
Healthwatch	Support communication with wider patient and consumer groups
NHS Trusts	Support communication with their patient and consumer groups
West London CCG	Support communication with individual dispensing GPs Support communication with their patient and consumer groups
Local Pharmaceutical Committee	Support communications with individual pharmacies
Westminster Community Network	Support communications with relevant community groups
One Westminster	Support communications with relevant community groups

6. Methods of Communication	
Email and Letters	Emails and letters will be the primary form of communication to statutory consultees
Presentation	May be used occasionally to support communications with patient and consumer groups (if required)
Website	The draft PNA, details on the scope of the consultation and how to provide feedback will be placed on the RBKC council website, and the www.jsna.info website
Reports	Available on request (for example by NHS Trusts, Healthwatch and CCG governing body) A report will be presented to neighbouring Health and Wellbeing Boards for information
Stakeholder Group Meetings	Available on request.
Other meetings	Available on request
One-to-One meetings	Available if required due to concerns